

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008481

FILED
Feb 27, 2007
Secretary of State

Entity Name: INCOM RESTORATIONS, INC.

Current Principal Place of Business:

7011 BUSINESS PARK BLVD
SUITE #101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

3948 SOUTH 3RD STREET
296
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3492377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBELLIS, VICTOR
3948 SOUTH 3RD STREET
#296
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEBELLIS, VICTOR
Address: 3945 S 3RD STREET # 296
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PVST () Delete
Name: DEBELLIS, VICTOR
Address: 3948 SOUTH 3RD STREET, #296
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR DEBELLIS

PRES

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date